MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) ~ PROGRAM COMPARISON CHART

	AIDS	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability			
Age	No Age Limit	No Age limit	Under Age 18	Age 65 or Older	Under Age 65	No Age Limit	Age 18 through 64			
Target Population	■ Diagnosis of AIDS/HIV by a physician	 Diagnosis of brain injury per lowa Administrative Code (IAC) 83 definitions 	Diagnosed with a serious emotional disturbance	■ Age 65 or over	DisabledSSI-related coverage groups	■ Primary disability of intellectual disability determined by a psychologist or psychiatrist	■ Physical disability as determined by Disability Determination Services			
Member Application for Services	Local DHS Income Maintenance Office									
Determination of Financial Eligibility	DHS Income Maintenance									
Determination & Redetermination of Level of Care Eligibility	lowa Medicaid Enterprise (IME) Medical Services Completed at least once every 12 months or when there is a significant change in the person's situation or condition									
Level of Care (LOC) Required	NF or Hospital	NF, SNF, or ICF/ID	Hospital	NF or SNF	NF , SNF, or ICF/ID	ICF/ID	NF or SNF			
	NF (Nursing Facility), SNF (Skilled Nursing Facility), ICF/ID (Intermediate Care Facility for the Intellectually Disabled)									
Service Coordination	 DHS Service Worker or Medicaid Case Manager 	Medicaid Case Manager	 Medicaid Case Manager or Integrated Health Home Care Coordination Team 	Medicaid Case Manager	 DHS Service Worker or Medicaid Case Manager 	 Initial DHS Service Worker or Medicaid Case Manager Ongoing Medicaid Case Manager 	 DHS Service Worker or Medicaid Case Manager 			
Service Plan	Completed annually by the service coordinator									
Initial Date of Eligibility	Waiver eligibility begins on the date when the following three eligibility requirements are completed: financial (income & resource) eligibility is determined, level of care is established, and service plan is approved. Waiver services provided before approval of eligibility for the waiver cannot be paid.									
Maximum Dollars Available Per Month (As determined by Level of Care)	\$1,840	• \$2,954 excluding cost of Case Management	= \$1,967	■ NF \$1,339 ■ SNF \$2,765 excluding cost of Case Management	■ NF \$950 ■ SNF \$2,765 ■ ICF/ID \$3,365	■ ICF/ID – Amount based on services upper limit	\$ 692			
Provider Enrollment	Agencies enroll with Iowa Medicaid Enterprise (IME) to be providers of service and are reimbursed through IME. Agencies or individual providers must be enrolled prior to service provision.									
	Sally Oudekerk	LeAnn Moskowitz	Le Howland	Le Howland	Sally Oudekerk	Brian Wines	Sally Oudekerk			
HCBS Program Managers	(515) 256-4643	(515) 256-4653	(515) 256-4642	(515) 256-4642	(515) 256-4643	(515) 256-4661	(515) 256-4643			
	soudeke@ dhs.state.ia.us	lmoskow@ dhs.state.ia.us	lhowlan@ dhs.state.ia.us	lhowlan@dhs.state.ia.us	soudeke@dhs.state.ia.us	bwines@dhs.state.ia.us	soudeke@ dhs.state.ia.us			
HCBS Regional Specialists	Visit www.IME.state.ia.us/hcbs/hcbscontacts.html for a listing of Regional Specialist assignments									
For More Information	Visit www.IME.state.ia.us/hcbs/hcbsindex.html									

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Services by Program	AIDS/HIV	Brain Injury	Children's Mental Health	Elderly	Health & Disability	Intellectual Disability	Physical Disability
Adaptive Devises			х				
Adult Day Care	х	х		х	х	х	
Assistive Devices				х			
Behavioral Programming		х					
Case Management Services		x		x			
Chore				х			
Consumer Choices Option (CCO)	x	х		x	x	х	x
CDAC	x	x		x	х	x	x
Counseling	x				х		
Day Habilitation						х	
Emergency Response		x		x	x	x	x
Environmental Modifications			х				
Family and community support			х				
Family Counseling & Training		x			х		
Home Delivered Meals	x			х	х		
Home Health Aide	x			x	х	х	
Homemaker	x			х	х		
Home/Vehicle Modifications		x		x	х	x	x
In-home family therapy			х				
Interim Medical Monitoring & Treatment (IMMT)		х			x	x	
Mental Health Outreach				x	х		
Nursing	x			X	х	x	
Nutritional Counseling				X	x		
Prevocational Services		x				x	
Respite: Basic Individual	x	x	x	X	x	х	
Respite: Group	x	x	х	X	х	х	
Respite: Specialized	x	x	х	X	х	х	

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Senior Companion			x		
Specialized Medical Equipment	x				х
Supported Community Living (SCL)	х			х	
Supported Community Living: Residential-Based (RBSCL) for children				х	
Therapeutic Resources		x			
Supported Employment (SE)	х			х	
Transportation	х		x	х	х